ATTORNEY DOCKET NO: COR185-11

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

the specification of which is attached hereto unless the following box is checked

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND SYSTEM FOR COMMUNICATING WITH A WIRELESS DEVICE

was filed on		as Application Serial N	0.
or PCT Application	1 No.	and was amended on	. <u> </u>
(if applicable).			
I hereby state that I lincluding the claims, as amen		rstand the contents of the aboreferred to above.	ve-identified specification,
I acknowledge the du	•	on which is material to the ex	amination of this application in
accordance with 37 CFR §1.5	66.		
I hereby claim foreig tion(s) for patent or inventor' least one country other than t	n priority benefits unde s certificate, or §365(a) he United States, listed licate or PCT Internation	of any PCT international app	d below any foreign application
I hereby claim foreig tion(s) for patent or inventor' least one country other than to for patent or inventor's certif	in priority benefits unde s certificate, or §365(a) he United States, listed licate or PCT Internation is claimed:	of any PCT international app below and have also identified	lication which designated at delow any foreign application
I hereby claim foreig tion(s) for patent or inventor' least one country other than to for patent or inventor's certif	in priority benefits unde s certificate, or §365(a) he United States, listed licate or PCT Internation is claimed:	of any PCT international app below and have also identified al application having a filing	lication which designated at delow any foreign application
I hereby claim foreig tion(s) for patent or inventor' least one country other than t for patent or inventor's certif application on which priority	n priority benefits under scertificate, or §365(a) he United States, listed licate or PCT Internation is claimed: PRIOR FOREIGN	of any PCT international applebelow and have also identified all application having a filing /PCT APPLICATION(S)	dication which designated at delow any foreign application date before that of the





I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	DATE OF FILING
60/253359	11/28/2000
60/253358	11/28/2000
60/253464	11/28/2000

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120

Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned

And I hereby appoint Robert F. Zielinski, Registration No.34,286; Kenneth R. De Rosa, Registration No. 39,549; Eric A. Dichter, Registration No. 41,708; and Stuart D. Rudoler, Registration No. 45,059, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Wolf, Block, Schorr & Solis-Cohen LLP, 1650 Arch Street - 22 Floor; Philadelphia, Pennsylvania 19103-2097. Address all telephone calls to Kenneth R. De Rosa at (215) 977-2420 (telefax: (215) 405-2521).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

BABAK	•	REZVANI
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:		
Date:		
Country of Citizenship:	United States of America	
Residence:	Ossling	NY
	(City)	(State or Foreign Country)
Post Office Address:	355 Croton Dam Road	
••• ••••	Ossling, NY 10562	
FULL NAME OF SECOND JOIN	Γ INVENTOR; IF ANY	
JACK	L.	CHEN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:		
Date:		
Country of Citizenship:	United States of America	
Residence:	Astoria	NY
· .	(City)	(State or Foreign Country)
Post Office Address:	27-12 Crescent Street	, , , , , , , , , , , , , , , , , , , ,
Tost Office Address.	Astoria, NY 11102	
,	ASSOCIAL TO A STATE OF THE STAT	
FULL NAME OF THIRD JOINT	INVENTOR, IF ANY	
MATHEW	JOEL	LAIBOWITZ
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
Inventor's signature:		,
Date:		
Country of Citizenship:	United States of America	· · · · · · · · · · · · · · · · · · ·
Residence:	New York	NY
Residence.	(City)	(State or Foreign Country)
Post Office Address:	194 E. 2nd Street, Apartment 2C	·
	rym v. Zuchstreet, Atharithent A.	

EDWARD	BRIAN	KALIN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME,
Inventor's signature:		
Date:		
Country of Citizenship:	United States of America	
Residence:	EASTON	CT
	(City)	(State or Foreign Country)
Post Office Address:	255 Banks Road	
	Easton, CT 06612	
L NAME OF FIFTH JOINT I		CHAI FRI
MEHRDAD	INVENTOR, IF ANY	GHALEBI (FAMILY OR LAST NAME
MEHRDAD (GIVEN NAME)		GHALEBI (FAMILY OR LAST NAME,
MEHRDAD (GIVEN NAME) Inventor's signature:	INVENTOR, IF ANY	· · · · · · · · · · · · · · · · · · ·
MEHRDAD (GIVEN NAME) Inventor's signature: Date:	INVENTOR, IF ANY (MIDDLE INITIAL OR NAME)	· · · · · · · · · · · · · · · · · · ·
MEHRDAD (GIVEN NAME) Inventor's signature: Date: Country of Citizenship:	INVENTOR, IF ANY	· · · · · · · · · · · · · · · · · · ·
MEHRDAD (GIVEN NAME) Inventor's signature: Date:	INVENTOR, IF ANY (MIDDLE INITIAL OR NAME)	· · · · · · · · · · · · · · · · · · ·
MEHRDAD (GIVEN NAME) Inventor's signature: Date: Country of Citizenship:	(MIDDLE INITIAL OR NAME) United States of America	(FAMILY OR LAST NAME,